Diagnostic criteria of childhood migraine

Several interesting studies have been published in recent months concerning the epidemiology and diagnostic criteria of childhood migraine. The IHS classification constitutes the main reference for this purpose, even though there are many aspects specific to childhood and adolescent symptomatology which remain to be considered. The unreliability of the description of the headache features, both for children and parents. Very often there is a lack of data about duration, intensity, or frequency of headaches that does not allow a diagnostic IHS category to be defined. A repeated and meticulous interview by more than a single clinician would be appropriate for obtaining more reliable information.

Regarding the diagnostic criteria for migraine, there are some well recognized features which contradict the IHS requirements. The duration of pain attacks is usually shorter in children and the unilaterality is quite uncommon. The accompanying symptoms are variable and difficult to elicit. In clinical practice, and according to the majority of authors, it is very common in the pediatric age group to observe “mixed headaches”, a combination of migraine and tension-type headache symptoms presenting at the same time, or a progressive evolution from one form to the other. This matter is relevant not only because the IHS classification doesn’t include such a category, but also because it emphasizes that many factors in childhood headache are probably age-dependent and actually poorly understood. The spontaneous, long-lasting recovery of childhood migraine is only one of those factors which actually remain only a matter of fact, so unpredictable and unclear that it does not help in our understanding the relationships among triggers, pain attacks, and well-being periods. The chronic daily headache is frequently observed in our own experience and is sufficiently distinct from the chronic tension headache. The former is typical in adolescence and in many cases represents the final common pathway of episodic migraine and tension headache. Psychological disorders are almost invariably present, raising the possibility of a more complex disorder.

Longitudinal studies on large populations from early childhood to adolescence will be necessary to clarify the natural history of these disorders and will be helpful for better establishing the diagnostic criteria of childhood migraine.

REFERENCES


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